



Charities Program • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234
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OPTIONAL STATEMENT FOR AN EXEMPT ORGANIZATION

FEE: NONE

PURSUANT TO RCW 19.09.020(2)(b), (12), (13), AND 19.09.076(1)

SECTION 1 - ORGANIZATION INFORMATION

Check One: ☐ Initial Registration ☐ Update - Registration Number: _____

Organization's Full Legal Name:

Telephone: ()

Mailing Address:

City, State, ZIP:

Street Address (if different than mailing):

City, State, ZIP:

Fax: ()

County (WA state only):

E-mail Address:

Internet (www):

Type of organization (check one):

- ☐ Association
☐ WA State Corporation
☐ Sole Proprietorship

- ☐ Partnership
☐ Foreign Corporation, State of Incorporation: _____
☐ Limited Liability Company

Date Incorporated/Established:

Corporation Number (if known):

UBI Number (Unified Business Identifier):

FEIN Number (Federal Employer Identification Number):

Has the organization applied for Federal tax-exempt status? (check one) ☐ Yes ☐ No

Has the organization been granted IRS Federal tax-exempt status?

- ☐ Yes, exemption granted under 501(c) (); A copy of the organization's IRS Determination Letter is enclosed (REQUIRED).
☐ No

List all names (excluding the organization's full legal name provided above) under which contributions will be solicited. Include acronyms, abbreviations, shortened names, DBAs, program names, and chapters/subsidiaries/affiliates on whose behalf the organization submits a consolidated registration (*Attach an additional sheet if needed*):

Summarize the organization's programs and activities which support the stated purposes (*Attach an additional sheet if needed*):

The organization is exempt from registration pursuant to the Charitable Solicitations Act for the following reason (check one):

- ☐ Religious activities - RCW 19.09.020 (2)(b) & RCW 19.09.020 (13)
☐ Political activities - RCW 19.09.020 (2)(b) & RCW 19.09.020 (12)
☐ Volunteer-run organization raising less than \$25,000 - RCW 19.09.076 (1) & WAC 436-120-100 (2)(c)
☐ Other (describe): _____

SECTION 2 - SIGNATURE

Signature of applicant

Printed name

Title

Date